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CONFIRMATION NO. 3190

SERIAL NUMBER 10/612,304	FILING OR 371(c) DATE 07/03/2003 RULE	CLASS 604	GROUP ART UNIT 1615	ATTORNEY DOCKET NO. 065334-0110
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APPLICANTS
 Iacob Mathiesen, Olso, NORWAY;
 Torunn Tjelle, Olso, NORWAY;
 Knut Arvid Sorensen Rekdahl, Tamasen, NORWAY;
 Bjorn David-Andersen, Olso, NORWAY;

**** CONTINUING DATA *******

**** FOREIGN APPLICATIONS *******
 UNITED KINGDOM 0215529.9 07/04/2002
 UNITED KINGDOM 0215523.2 07/04/2002

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
 09/29/2003

**** SMALL ENTITY ****

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NORWAY	SHEETS DRAWING 17	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>Shennedy</u> Examiner's Signature Initials				

ADDRESS
 DOUG MURDOCK
 GENETRONICS, INC
 11494 SORRENTO VALLEY ROAD
 SAN DIEGO, CA92121-1334

TITLE
 Electroporation device and injection apparatus

FILING FEE RECEIVED 757	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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